

Tree Wardens' Association of Connecticut, Inc.

NEW and RENEWING MEMBER FORM 2024

(Please print)

Name _____

Job Title _____

Work Address _____

City/town _____ Zip code _____

Work telephone _____

Work fax _____

E-mail

In what city/town/borough do you serve as
Tree Warden or Deputy (if applicable): _____

Check here if you are your municipalities Tree Warden: _____

Membership Category (*check one*)

_____ Municipal Tree Warden	\$75.00
_____ Deputy Tree Warden	\$60.00
_____ Associate Member (friends, businesses, and non-governmental organizations)	\$60.00
_____ Past Tree Warden	\$40.00

Make check payable to: Tree Wardens' Assoc. of CT

Mail to: Tree Wardens' Assoc. of CT
PO Box 602
Wallingford, CT 06492

www.cttreewardens.org info@cttreewardens.org